

Educational & Developmental Intervention Services (EDIS)

Volume I, Issue II

November 2011

What we offer:

- Free developmental screening and evaluation for children under 3
- Therapeutic intervention for children under 3 who have delays in gross motor, fine motor, self-help, social-emotional, cognition, and/or communication skills
- Services delivered at the EDIS clinic, family home, or at the child's daycare
- Resources for parents and children
- Developmental playgroup for toddlers and parents
- Monthly newsletter

Our staff:

- **Conchita Cuvillo-Martinez del Cerro**, Secretary
- **Heather Snyder**, Speech/Language Pathologist
- **Marjorie Stefan**, Occupational Therapist
- **Deb Reed**, Early Intervention Specialist

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Educational value of video and TV for children under two

In 1999, the American Academy of Pediatrics (AAP) issued a policy statement discouraging media screen use for babies and toddlers. At the time, there was limited data on the subject, but the AAP believed there were more potential negative effects than positive effects of media exposure for the younger set. Today, however, newer data bears this out, and the AAP stands by its recommendation to keep children under age 2 as "screen-free" as possible.

In an October 2011 policy statement, the AAP notes:

* Many video programs for infants and toddlers

are marketed

as "educational," yet evidence does not support this. Quality programs are educational for children only if they understand the content and context of the video. Studies consistently find that children *over* 2 typically have this understanding.

* Unstructured play time is more valuable for the developing brain than electronic media. Children learn to think creatively, problem solve, and develop reasoning and motor skills at early ages through



unstructured, unplugged play. Free play also teaches them how to entertain themselves.

* Young children learn best from -- and need -- interaction with humans, not screens.

* Parents who watch TV or videos with their child may add to the child's understanding, but children learn more from live presentations than from televised ones.

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News from EDIS

We wish a big welcome to Heather Snyder, EDIS' new speech and language pathologist.

Heather, her husband Todd, and 15-month-old son Daegan are joining us from Aviano, Italy where Heather was the speech pathologist in

the Aviano EDIS clinic for two years.

Heather has a special interest in sign language, yoga for children with special needs, and infant massage, in addition to her clinical work with young children with language delays.

Is your child on track?

Monitor and stimulate your child's development by following the developmental milestone checklist posted at the Centers for Disease, Control and Prevention (CDC) Website. Look for *Milestones Moments Booklet*. Visit

<http://www.cdc.gov/ncbddd/actearly/downloads.html>



Effects of video and TV on toddlers (continued)

is "background media" for their children. It distracts the parent and decreases parent-child interaction. Its presence may also interfere with a young child's learning from play and activities.

- * Screen time around bedtime can cause poor sleep habits and irregular sleep schedules, which can adversely affect mood, behavior and learning.

- * Young children with heavy media use are at risk for delays in language development once they start school, but more research is needed as to the reasons.

The report recommends that parents and caregivers:

- * Set media limits for their children before age 2, bearing in mind that the AAP discourages media use for this age group. Have a strategy for managing electronic media if they choose to engage their children with it.

- * Instead of screens, opt for supervised independent play for infants and young children during times that a parent cannot sit down and actively engage in play with the child. For example, have the child play with nesting cups on the floor nearby while a parent prepares dinner.

- * Avoid placing a television set in the child's bedroom.

- * Recognize that their own media use can have a negative effect on children.

The report also recommends further research into the long-term effects of early media exposure on children's future physical, mental and social health.

According to an AAP spokesman, "In today's 'achievement culture,' the best thing you can do for your young child is to give her a chance to have unstructured play -- both with you and independently. Children need this in order to figure out how the world works."

The importance of joking and pretending

Parents who joke and pretend with their toddlers (ages 15-24 months) are giving their children a head start in terms of life skills, says a new research project funded by the Economic and Social Research Council (ESRC).

Knowing how to joke is great for making friends, dealing with stress, thinking creatively and learning to "think outside the box." Pretending helps children

learn about the world, interact with others, be creative and solve problems.

Both joking and pretending involve intentionally doing or saying the wrong thing. However, joking is about doing something wrong just for the sake of it. In contrast, pretending is about doing something wrong which is imagined to be right. For example, parents might



use a sponge like a duck while pretending but use a cat as a duck when joking.

Findings reveal that when pretending, parents often talk slowly and loudly and repeat their actions. Conversely, parents tend to cue their children to jokes by showing their disbelief through language, and using a more excited tone of voice.

New guidelines for ADHD

Updated guidelines from the American Academy of Pediatrics (AAP) offer new information on diagnosing and treating Attention-Deficit/Hyperactivity Disorder (ADHD) in younger children and in adolescents. Emerging evidence makes it possible to diagnose and manage ADHD in chil-

dren from ages 4 to 18 (the previous AAP guidelines, from 2000 and 2001, covered children ages 6 to 12). The new guidelines describe the special considerations involved in diagnosing and treating preschool children and adolescents. They also include interventions to help children with hyper-

active/impulsive behaviors that do not meet the full diagnostic criteria for ADHD.

The report was released at the AAP National Conference & Exhibition, and will be published in the November 2011 issue of *Pediatrics*.